MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 8/2019

- 1- Applicant Name 25 Broadway Ballroom LLC
- 2- Establishment Name (Corporate & DBA) Cipriani 25 Broadway
- 3- Address for Proposed License 25 Broadway
- 4- Proposed Days/Hours of Operation Will vary by event
 - 4.1 What floor(s) is the establishment on? Ground floor
 - 4.2 Any rooftop, terrace, or other outside usage? No
- 5- Square Footage of Location Approx.29,972 sf
- 6- Method of Operations (bar restaurant, Catering, etc) Catering Establishment
- 7- Type of License (Full liquor/OP, beer and wine, etc.) Catering Establishment Liquor License

7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change)

- 8- Sidewalk Café? Yes No
- 9- Type of Music? 🛛 Live 🙀 Recorded 🖼 DJ
- 10- Volume of Music? A Background (no sound from events, performances or music will be heard outside the premises or by neighbors)

Other will vary by event

- 11- Where will the kitchen exhaust system vent to? n/a
- 12- Applicant's Previous Licensed Establishments and Addresses
- *42nd Street Lessee LLC (Cipriani 42nd Street), 110 East 42nd Street, New York, NY 10017
- *Downtown Restaurant Company LLC (Cipriani Downtown), 372-376 W Broadway, New York, NY 10012
- *GC Ballroom Operator LLC (Cipriani Club 55), 55 Wall Street, New York, NY 10005
- *GC Alpha LLC (Cipriani Dolce), Grand Central Station-West Balcony, New York, NY 10017
- *10 South Street Banquet Operator LLC (Cipriani South Street), 10 South Street, New York, NY 10004 (pending)

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Manhattan Community Board 1 Liquor License Stipulations

| | | , as a qualified represe | ntative of25 Broa | dway Ballroom LLC | , |
|--|-----------------------|--|--|--|----------------|
| located at | 25 Broad | lway | | , New York, New York, | agree to |
| he following stipu | lations for the | applicant's Method of Ope | ration for their | on-premise liquor | license |
| understand this to n | nean that all pat | Sunday- rons will be cleared from the | establishment at the s | specified hour). | |
| (2) I will operate a | fool asservatoexisest | ANYANXX (please describe type | of restaurant): cateri | ng/banquet hall for private | e events |
| | | | with full food | service until hour(s) | before closing |
| (3) I will install sou | indproofing (ple | ease describe type and location | ons) | | |
| (4) I will have: DJs | √Yes □No I | ive music √ Yes □ No Reco | orded Music V Yes | No Dancing 4 Y | es □No |
| Promoted events 5 | XYes □No | Cover fee events □Y | es MiNo | Scheduled performane | ces ⊡Yes MaNo |
| (5) Volume of all m | nusic, events or | performances will be at back | ground levels only. If | it can be heard outside, or by | neighbors, it |
| s not background n | nusic. 🖂 | | | | |
| 6) I will close all d | loors and windo | ws bySun-Thurs and | Fri-Sat. 🛚 I wil | l not have French doors or w | indows. (close |
| (7) I will have deliv 10AM - 4PM | very of supplies | goods and services during the | ne hours of | | |
| (8) I will employ a | doorman/securi | ty personnel on the following | g days and hours: For | all events | |
| 9) I will actively m | nanage crowds | congregating on the street at 1 | night, to minimize dist | turbances to residents. | |
| | y to the SLA for | an alteration to the method of | | | rst notifying |
| THE RESERVE OF THE PARTY OF THE | | café license until at least a y | ear after beginning op | eration. Mayes \(\square\) No | |
| | | stipulation form beside my lie | | The state of the s | |
| | | violations from previous esta | | | |
| (14) I will (addition | | violations from previous est | ionsiments for which | Thave served as a principal. | |
| (17)1 (addition |) | | | | |
| Confirm that the | method of oper | ration will remain unchanged | once a full liquor-lice | ense is obtained | |
| * Hours of opera | | by event, and the hours of bar | service will be until | 2AM Monday through Saturo | lay, |
| | | | | | |
| | | | | | |
| | | nager/owner at the below nur on if necessary in order to mi | | | |
| Name: Andrew H | Ieaton | | Phone Number | эт: 347-879-1832 | |
| Alternate Contact: | | | Phone N | umber: | |
| The state of the s | WORK IN NO. | tion provided above is truth | ###################################### | 54 1970 THE STATE OF THE STATE | 20 |
| 10 | ¬; `. | | 7.10.16 | | |
| 14 | | | 7/8/2 | 20 | |
| Signed | | | Dated | | |
| Sworn to this8 | day of _ | July, 2020 | g. Chr | Jan Si | RY PUBL |
| | | Not | ary Public | *\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 200, JOSE (C) |
| | | he SLA add these stipulation nall supersede all other documents | | above-mentioned applicant. | kp: 65/18/21 |

MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 8/2019

| 1- | Applicant Name 119 Paris Cafe Coep |
|-------------|---|
| 2- | Establishment Name (Corporate & DBA) Paris Crife |
| 3- | Address for Proposed License 119 South Street AKA 42 Peck Sign |
| 4- | Proposed Days/Hours of Operation 11Am - 4Am (SAme as existing 4.1 What floor(s) is the establishment on? Basemut a Fiest 4.2 Any rooftop, terrace, or other outside usage? |
| 5- | Square Footage of Location 3200 |
| 6- | Method of Operations (bar restaurant, Catering, etc.) bar restaurant |
| 7- | Type of License (Full liquor/OP, beer and wine, etc.) # ull LiquoR |
| 8- | 7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) Sidewalk Café? Yes/No |
| 9- | Type of Music? Live Recorded DJ |
| 10- | Volume of Music? ■ Background (no sound from events, performances or music will be heard outside the premises or by neighbors) |
| | ☐ Other |
| 11- | Where will the kitchen exhaust system vent to? roofline |
| l2 - | Applicant's Previous Licensed Establishments and Addresses |
| | See page 10 |

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Manhattan Community Board 1 Liquor License Stipulations lio Barle Ha, as a qualified representative of 119 Paris Cafe Corp 42 Peck Slip aka 119 South Street , New York, New York, agree to on-premise liquor license the following stipulations for the applicant's Method of Operation for their license 11AM to 4AM all days of the week *** (1) My hours of operation will be Sunday – Thursday and Friday – Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour). (2) I will operate a full-service restaurant, (please describe type of restaurant): American grill _with full food service until ___ hour(s) before closing. existing (3) I will install soundproofing (please describe type and locations) *(4) I will have: DJs \(\sqrt{Y}\) es \(\sqrt{N}\) o \(\text{Live music } \sqrt{Y}\) es \(\sqrt{N}\) \(\text{N}\) o \(\text{Recorded Music } \sqrt{Y}\) es \(\sqrt{N}\) o Dancing Tyes No Promoted events □Yes ☑No Cover fee events ☐Yes ☑No Scheduled performances Tyes TNo (5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music. (6) I will close all doors and windows by IIPM Sun-Thurs and IIPM Fri-Sat. I will not have French doors or windows. ** (7) I will have delivery of supplies, goods and services during the hours of (8) I will employ a doorman/security personnel on the following days and hours: (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1. (11) I will not apply for a sidewalk café license until at least a year after beginning operation. The sidewalk café license until at least a year after beginning operation. (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. (13) I confirm that I have ___ violations from previous establishments for which I have served as a principal. (14) I will (additionally): * DJs will be used for private events only e.g. birthdays, retirement, corporate Christmas ** Hours of delivery will be from 7AM to 12PM, and 2PM to 4:30 PM throughout the week - The applicant has agreed to come back to the Committee after 1 year of operation if they wish to extend their bar service hours - Confirm that the existing sidewalk cafe license from the previous ownership is active and will be transferred to this establishment Hours of food service will be 11AM to 3AM all days of the week, and hours of bar service will be from 11AM to 2AM Monday through Saturday, and 11AM to 1AM on Sundays (15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors. Phone Number: Name: Alternate Contact: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Alternate Contact: ______ Phone Number: ______ Phone Number: _____ I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Terrence K. Flynn, Jr. Notary Public State of New York No. 02FL6084183 Qualified in Queens Commission Expires Dec. 02, 20 Commission

Sworn to this 30 day of 1020 Notary Public

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Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These stipulations and board resolution shall supersede all other documents.

Rev. 12/18